

BEST AVAILABLE COPY BEC

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/			
2		/					52	/			
3		/					53	/			
4							54	/			
5		/					55	/			
6							56	/			
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45							95				
46							96				
47							97				
48	/	/					98				
49		/					99				
50		/					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				